

one of our Desert Storm veterans and was over in the Gulf and watched what then was an overwhelming use of force against Saddam Hussein. I believe you have to be prepared. I think "be prepared" is the key position that the U.S. should take, because if you look at the forces that we used against Saddam Hussein, many of those forces came out of Europe.

Those were forces that were lined up initially in Germany and other parts of Europe to offset what we thought then would be a conflict perhaps with the Warsaw Pact, that is, with Russians and Russian allies, the Soviet Union.

But that did not happen. In the end, we moved those forces into that theater in the Middle East, and we used them with devastating effect against Saddam Hussein's own military, which was much touted as the fourth largest army in the world.

So I think the lesson there is that unusual things happen. If we had gone back over the last century and the 619,000 Americans who died in the 20th century in conflicts, most of those conflicts arose in ways that we in no way anticipated, whether it was December 7, 1941, or this last event with Saddam Hussein invading Kuwait.

The gentleman and I sat there on the Committee on Armed Services and asked our intelligence people, Which of you anticipated this invasion of Kuwait? One of the gentleman actually said, Before or after the armor started moving? We said, No, before. And none of them had anticipated it.

So the key here is to be prepared. If you have force, you can move it, just as we did the forces out of Europe. If you have the air power, you can move it around the world. That is what that gentleman illustrated when he fought in Desert Storm.

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THE EFFECTS OF HEART DISEASE AND CANCER ON AMERICAN WOMEN

The SPEAKER pro tempore (Mr. CANTOR). Under a previous order of the House, the gentlewoman from California (Mrs. CAPPS) is recognized for 5 minutes.

Mrs. CAPPS. Mr. Speaker, I rise this evening to bring attention to the threat that heart disease and cancer pose to the health of American women. I want to thank the gentlewoman from California (Ms. MILLENDER-MCDONALD) for organizing the Special Orders on women's health issues this evening and all during this month. As a nurse, I have made access to quality health care one of my highest priorities in Congress. I am particularly interested in making sure that there is equity in the access to health care between men and women.

Certain diseases and conditions are more prevalent in women than in men,

and certain diseases and conditions affect women differently. Often health care professionals and women themselves do not give these conditions and diseases the attention they need. Heart disease and stroke are perfect examples of this fact. Over half of all deaths from heart disease and stroke occur in women. That is over half.

More women die from heart disease each year than from breast, ovarian and uterine cancer combined, making heart disease the number one cause of mortality in women. But heart disease is usually believed to predominantly affect men.

As cochair of the Congressional Heart and Stroke Coalition, I have worked closely with the American Heart Association and the American Red Cross to raise awareness about cardiovascular disease and stroke. While women and minorities bear a major portion of the cardiovascular disease burden, they are often unaware of its life-threatening symptoms and are diagnosed at later stages of the disease, and they may not receive appropriate medical care or follow-up services. Addressing risk factors such as elevated cholesterol, high blood pressure, obesity, physical inactivity and smoking will greatly reduce women's risk of disability and death from cardiovascular disease.

Congress needs to do its part to make sure that doctors, patients and all Americans are educated about the symptoms and dangers that women face and all Americans face from heart disease and stroke. Very soon, I will introduce the Stroke Treatment and Ongoing Prevention Act, or STOP Stroke Act, in the House, so that we can raise public awareness of the disease and its symptoms.

Mr. Speaker, I also want to highlight now a few of the initiatives that address cancer treatment and research. Along with heart disease and stroke, cancer is a serious threat to women's health. As a member of the House Cancer Caucus, I joined with 44 of my colleagues to write to HHS Secretary Tommy Thompson to express our support for expanded Medicare coverage of positron emission topography, or PET scan, for women's health. PET is a powerful clinical tool that can assist health care providers in making life-saving diagnoses and determining the most effective treatment for women with breast, ovarian, uterine and cervical cancers. I am hopeful that Secretary Thompson will support this effort.

In addition, I am a proud cosponsor of the bill authored by the gentlewoman from Connecticut (Ms. DELAURO), which would require minimum hospital stays for women after mastectomies. In addition, I cosponsored two other initiatives this year relating to breast cancer funding and research.

The Breast Cancer Research Stamp Act extends the Breast Cancer Research semipostal stamp through the year 2008, and the Breast Cancer and Environmental Research Act studies the links between environmental factors and breast cancer. It is so important to keep in mind that increased research on these and other women's health concerns can and surely will improve the quality and length of our lives. For all of these reasons, we must continue to work together in a bipartisan fashion to ensure that women's health remains a high priority on the congressional agenda.

Mr. Speaker, I look forward to hearing from my colleagues in the Women's Caucus as the days go by on these and other issues that pertain to women's health.

HIV/AIDS IN AMERICAN WOMEN

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

Ms. NORTON. Mr. Speaker, I too come to the floor this evening to discuss a serious women's issue at a time when the women in the House are focused, as we approach the end of the session, on health issues. I want to remind the House that it is time to get serious about HIV and AIDS in women in the United States.

I have come to the floor with shocking statistics about AIDS worldwide where 50 percent of those with AIDS are women and, in Africa and Asia, whole continents are being engulfed with the disease. But we have not done our work here, and so with this emphasis this evening on health, I want to focus on preventing a preventable disease in women. What began as a so-called homosexual disease, we have quickly found out was a universal disease. But we have not targeted information and education about AIDS in women as a women's disease, and that is what this is.

There are two groups of women we need to focus on especially, very young women and women of color, because that is where the epidemic is. Among very young women between 13 and 24, half of the reported cases are women, 49 percent. And women of color, black and Hispanic women, are only a quarter of the population, but they are three-quarters of the AIDS cases. This is a wake-up call, I say to my colleagues.

What to do? First, we have not reached many women once. We have had better luck reaching men, because we have targeted them. After we reach them once, we had better reach them every 3 or 4 years, because as a whole new group of young women and young men, they never got reached in the first place, because they were too